

Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>		Complete If Known	
		Application Number	09/724,319
		Filing Date	November 27, 2000
		First Named Inventor	Schenk, Dale B.
		Art Unit	1649
Examiner Name	Ballard, Kimberly		
Attorney Docket Number	15270J-004743US		
Sheet	1	of	1

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	4-77	U.S. Application No. 09/322289, Office Action mailed 06/04/2009.	<input type="checkbox"/>
	4-79	U.S. Application No. 09/724319 Advisory Action mailed 10/28/2009.	<input type="checkbox"/>
	4-76	U.S. Application No. 09/724319 Office Action mailed 04/08/2009.	<input type="checkbox"/>
	4-75	U.S. Application No. 10/923469. Advisory Action mailed 04/16/2009.	<input type="checkbox"/>
	4-81	U.S. Application No. 10/923471, Office Action mailed 12/24/2009.	<input type="checkbox"/>
	4-80	U.S. Application No. 11/245524, Office Action mailed 11/20/2009.	<input type="checkbox"/>
	4-78	U.S. Application No. 11/245916, Advisory Action mailed 06/10/2009.	<input type="checkbox"/>

Examiner Signature	/Kimberly Ballard/	Date Considered	12/15/2010
-----------------------	--------------------	--------------------	------------

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

² Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.